



# Volunteer Application Form

Name: .....

Thank you for deciding to register as a volunteer. So that we can offer you support and advice please take a few minutes to complete this registration document. You can choose not to answer any question. If you are unsure about any part of this document please ask for advice or assistance.

## Data Protection:

1. At no time will we provide any of your details to a third party without your permission.
2. You have the right to see any information about you that we hold in a retrieval system such as a computer database or paper index system.
3. You have the right to challenge us about any information relating to you we hold in a retrieval system and have this changed.
4. You have the right for your details to be removed from a retrieval system.
5. We may compile statistical data from time to time but this will never include references to a particular individual.
6. In order to keep you up to date with information and events we may include you in our mailing list or email list.
7. We will never sell or give our mailing lists to a third party.

## What will we do with the information you give us?

We will hold your information confidentially. Using the information we will try to match you with volunteering opportunities that appear to suit your preferences and availability. If we find a match we will contact you with the details of the volunteering opportunity; you can then decide if this is something you would like to become involved with as a volunteer or not. If not, we will continue to look for volunteering opportunities that you may be interested in. We will not send your name and contact details to an organisation seeking volunteers unless you have agreed with us that we may do so. We will never send anyone your personal details.

## Criminal Record Certificates

Some opportunities require that a criminal record check be carried on anyone who wishes to volunteer with them. This is often the case if the volunteering involves working with children or vulnerable persons. No criminal record checks will be made without your consent. If you are accepted as a volunteer for the Eastwood Volunteer Bureau, criminal record checks will need to be carried out from 1<sup>st</sup> April 2003.

# Your Details & Preferences

Title: Mr / Mrs / Miss / Ms (*circle one*)

First name: .....

Surname: .....

Salutation: ..... (Dr, Rev, etc)

Address: .....

.....

.....

Postcode: .....

Daytime phone: ..... Evening phone: .....

Mobile phone: ..... Email: .....

*Geographical area: (Office use only):* .....

How did you hear about this Volunteer Bureau?

.....

Do you mind if the client smokes Yes / No

Do you prefer male or female client Male / Female

Do you mind doing occasional trips out with client Yes / No

Do you mind the client having pets Yes / No

Please give brief details of any previous voluntary work experience.

Please take a few minutes to look through the following lists. The Areas of Interest and the Activities that you choose help us to match you with volunteering opportunities.

**Areas of Interest**

Please tick any of the following that interest you:

Animals	<input type="checkbox"/>
Art and Culture	<input type="checkbox"/>
Children	<input type="checkbox"/>
Disability	<input type="checkbox"/>
Disaster Relief	<input type="checkbox"/>
Domestic Violence	<input type="checkbox"/>
Drugs and Addictions	<input type="checkbox"/>
Education and Literacy	<input type="checkbox"/>
Elderly	<input type="checkbox"/>
Employment	<input type="checkbox"/>
Environment	<input type="checkbox"/>
Families	<input type="checkbox"/>
Gay, Lesbian, Bi and Transsexual	<input type="checkbox"/>
Health and Hospital and Hospices	<input type="checkbox"/>
Heritage	<input type="checkbox"/>
Homeless and Housing	<input type="checkbox"/>
Human and Civil Rights	<input type="checkbox"/>
International Aid	<input type="checkbox"/>
Legal Aid and Justice	<input type="checkbox"/>
Mental Health	<input type="checkbox"/>
Mentoring	<input type="checkbox"/>
Millennium Volunteers	<input type="checkbox"/>
Museums	<input type="checkbox"/>
Politics	<input type="checkbox"/>
Prisoners and Ex-Offenders	<input type="checkbox"/>
Race and Ethnicity and Refugees	<input type="checkbox"/>
Religion	<input type="checkbox"/>
Sport and Outdoor Activities	<input type="checkbox"/>
Women's Groups	<input type="checkbox"/>
Youth	<input type="checkbox"/>

**Type of Activity**

Please tick any of the following that you would like to do:

Administration	<input type="checkbox"/>
Advice Work	<input type="checkbox"/>
Architecture and Building Work	<input type="checkbox"/>
Art	<input type="checkbox"/>
Befriending	<input type="checkbox"/>
Business and Management	<input type="checkbox"/>
Campaigning and Lobbying	<input type="checkbox"/>
Caring	<input type="checkbox"/>
Catering	<input type="checkbox"/>
Community Work	<input type="checkbox"/>
Computers and Technology	<input type="checkbox"/>
Counselling	<input type="checkbox"/>
Driving	<input type="checkbox"/>
Entertainment	<input type="checkbox"/>
Finance Work	<input type="checkbox"/>
Fundraising	<input type="checkbox"/>
Hostel Work	<input type="checkbox"/>
Languages	<input type="checkbox"/>
Legal Work	<input type="checkbox"/>
Marketing and PR and Media	<input type="checkbox"/>
Music	<input type="checkbox"/>
Practical Work and DIY	<input type="checkbox"/>
Retail and Charity Shops	<input type="checkbox"/>
Teaching and Training	<input type="checkbox"/>
Trustees	<input type="checkbox"/>
Under 16 Volunteering	<input type="checkbox"/>

**Availability**

Please tick each box when you could be available as a volunteer.

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EVE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Overall, how much time can you offer?** (e.g. 2 hours per week, 1 day per week)

.....

Are you available to do voluntary work at short notice?

Yes / No

Date of birth: .....

Gender: Male / Female (please circle)

**Which age group are you in?**

Under 15	<input type="checkbox"/>
15-18	<input type="checkbox"/>
19-25	<input type="checkbox"/>
26-29	<input type="checkbox"/>
30-34	<input type="checkbox"/>
35-39	<input type="checkbox"/>
40-44	<input type="checkbox"/>
45-49	<input type="checkbox"/>
50-54	<input type="checkbox"/>
55-59	<input type="checkbox"/>
60-64	<input type="checkbox"/>
Over 65	<input type="checkbox"/>

**What is your employment status?**

Employed	<input type="checkbox"/>
Non employed	<input type="checkbox"/>
Houseperson	<input type="checkbox"/>
Retired	<input type="checkbox"/>
Student	<input type="checkbox"/>
Unable to Work	<input type="checkbox"/>
Unemployed	<input type="checkbox"/>

**Which ethnic group do you feel you belong in?**

White British	<input type="checkbox"/>
White British (English)	<input type="checkbox"/>
White British (Scottish)	<input type="checkbox"/>
White British (Welsh)	<input type="checkbox"/>
White Irish	<input type="checkbox"/>
Other White background	<input type="checkbox"/>
White & Black Caribbean	<input type="checkbox"/>
White & Black African	<input type="checkbox"/>
White & Asian	<input type="checkbox"/>
Other Mixed background	<input type="checkbox"/>

Indian	<input type="checkbox"/>
Pakistani	<input type="checkbox"/>
Bangladeshi	<input type="checkbox"/>
Other Asian background	<input type="checkbox"/>
Black Caribbean	<input type="checkbox"/>
Black African	<input type="checkbox"/>
Other Black background	<input type="checkbox"/>
Chinese	<input type="checkbox"/>
Any other background	<input type="checkbox"/>

Nationality: .....

Religion: .....

Do you have a disability?

Yes / No

If Yes are you:

Registered / Self classifying

## Driving

Only complete these questions if you wish to be a volunteer driver.

### Insurance and transport status *(tick one)*

Insured for voluntary driving	<input type="checkbox"/>
Own transport available	<input type="checkbox"/>

### What licence type do you hold? *(tick one)*

Car Automatic	<input type="checkbox"/>
Car Full	<input type="checkbox"/>
Car Provisional	<input type="checkbox"/>
HGV - Class 1	<input type="checkbox"/>
HGV - Class 2	<input type="checkbox"/>
HGV - Class 3	<input type="checkbox"/>
Motorcycle	<input type="checkbox"/>

### As well as English do you speak, read or write in any other language?

If yes, please give details.

### Do you have any health problems that we need to be aware of?

If yes, please give details.

### Please indicate any extra support needs that would help you volunteer.

**Is there anything else you would like to tell us about yourself, for example, your interests and hobbies, working life, or qualifications?**

**What would you like to do as a volunteer?**

**Criminal Record**

Because of the type of task you may be undertaking it is necessary to ask the following questions.

Do you have any criminal convictions that are not 'spent' under the terms of the Rehabilitation of Offenders Act 1974? (please tick)

- Yes**
- No**

If you do not have any such convictions, please sign this statement.

**I confirm that I do not have any unspent convictions about which I should inform the Eastwood Volunteer Bureau.**

Signed: ..... Date: .....

If you have any unspent convictions, or if you have any charges against you pending a court case, you should discuss this with the Volunteer Organiser.

A criminal record will not necessarily prevent you from becoming a volunteer.

**For certain volunteer tasks you may be requested to obtain a police disclosure.**

## Emergency contact

Name of contact: .....

Address: .....

.....

.....

Phone: .....

## References

NAME AND ADDRESS OF TWO PEOPLE WHO WILL PROVIDE A REFERENCE FOR YOU.

These referees should be people who have known you for at least one year, but not relatives and if possible, at least one should be an employer or someone you have known in a working capacity, including voluntary agency or school.

### Reference One

Name: .....

Address: .....

.....

Phone: .....

### Reference Two

Name: .....

Address: .....

.....

Phone: .....

**I confirm that all details on this form are correct.**

**I give permission to pass my references and any relevant information to other voluntary organisations for whom I may undertake voluntary tasks.**

Signed: ..... Date: .....

Signed by interviewer: .....

*Eastwood Volunteer Bureau is concerned to provide equality of opportunity for everyone and it seeks to actively overcome prejudice and discrimination against people because of race, colour, religion, gender, employment status, sexual orientation, age, place of residence, mental health, caring responsibilities or disability.*

Completed form should be returned to: Eastwood Volunteer Bureau, Wellington Place, Eastwood, Nottinghamshire NG16 3GB

